

Role Player/Actor Waiver Form

On behalf of the Indiana Department of Homeland Security (IDHS), we thank you for volunteering to be a simulated casualty for the P.R.I.D.E. full-scale exercise. The event is scheduled for November 14-15, 2008. Participants will be notified of their pick up sites by October 30, 2008 and will be required to be at their site for pick up on Friday, November 14, 2008, no later than 4:00 PM. You will be transported to the Muscatatuck Urban Training Center in North Vernon, Indiana (MUTC) where you will remain for the duration of exercise play through Saturday, November 15, 2008. Food and refreshments will be available to you. Restrooms will be available for your convenience. Housing will be provided on site at no charge to you.

Exercise Overview

You will be participating as a mock victim of a worldwide pandemic. You will be triaged and either directed or taken to an area where appropriate medical care will be administered. Some of you may be asked to pose as recently deceased victims of the pandemic flu. Some of you may be asked to serve as hostages and victims of a civil disobedience event during the exercise and may be exposed to rough handling by law enforcement personnel to maintain realism of the exercise. We would appreciate your wearing loose fitting, old clothing that you do not mind being damaged. **Please do not wear jewelry. IDHS will not be responsible for lost items!**

Before the event, you will be given a complete orientation to the incident site, the type of injury or symptoms you should simulate and what actions are expected of you.

Please Print Name, Sign and Date

I, _____ agree to participate in the IDHS sponsored exercise on November 14-15, 2008. I will hold harmless IDHS and any other agency or its members participating in this exercise. I understand that all reasonable and customary safety measures will be performed to try to prevent injury or harm to me.

Signature_____

Date_____

Please bring this form with you or mail to Indiana Department of Homeland Security, ATTN: Nancy Morris 302 W. Washington Street RM E-208, Indianapolis, IN 46204

All forms MUST be received prior to participating in the exercise.